

10/595018

**MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
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22		2				
23		2				
24	1		1			
25		1		1		
26		2		1		
27		2		1		
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47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	43	←		←	
TOTAL CLAIMS		44				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY